

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

Well 6

1. County Ozaukee Town ☒ Village ☐ City ☐ Cedarburg
Check one and give name
2. Location NW 1/4 OF SE 1/4 OF SEC. 35 T 10 NR 21 E
Name of street and number of premise or Section, Town and Range numbers
3. Owner ☒ or Agent ☐ Glen Hoffmann
Name of individual, partnership or firm
4. Mail Address Cedarburg Wis.
Complete address required
5. From well to nearest: Building 7 ft; sewer ft; drain ft; septic tank 70 ft;
dry well or filter bed 75 ft; abandoned well ft.
6. Well is intended to supply water for: House

SPRING
ENGINEERING

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	41	6	41	132

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well cas.	0	41

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement Slurry	0	41

11. MISCELLANEOUS DATA:

Yield test: 5 Hrs. at 15 GPM.
Depth from surface to water-level: 8 ft.
Water-level when pumping: 28 ft.
Water sample was sent to the state laboratory at:
Madison on July 14 19 65
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	12
Limestone	12	132

Construction of the well was completed on:

7/14/65 19

The well is terminated 10 inches
☒ above, below ☐ the permanent ground surface.

Was the well disinfected upon completion?

Yes ☒ No ☐

Was the well sealed watertight upon completion?

Yes ☒ No ☐

Signature Robert Demuth
Registered Well Driller

631 South Wash. Ave. Cedarburg, Wis.
Complete Mail Address

Please do not write in space below

Rec'd JUL 15 1965 No. 3430
Ans'd JUL 19 1965
Interpretation SAFE BACTERIOLOGICALLY

10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs.
48 hrs.
Confirm 00000
B. Coli
Examiner

